B1 (Official Form 1)(4/10)

United States Bankruptcy Court
Eastern District of Missouri

Voluntary Petition

Name of Debtor (if individual, enter Last, First, Middle):	Name of Joint Debtor (Spouse) (Last, First, Middle):
Gier, Diana Sherl	
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):	All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all) xxx-xx-0235	Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all)
Street Address of Debtor (No. and Street, City, and State): 7 Racine Court Lake Saint Louis, MO ZIP Code 63367	Street Address of Joint Debtor (No. and Street, City, and State): ZIP Code
County of Residence or of the Principal Place of Business: Saint Charles	County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address): ZIP Code	Mailing Address of Joint Debtor (if different from street address): ZIP Code

Location of Principal Assets of Business Debtor (if different from street address above):

Type of Debtor
(Form of Organization)
(Check one box)

- ■ Individual (includes Joint Debtors) *See Exhibit D on page 2 of this form.*
- ☐ Corporation (includes LLC and LLP)
- ☐ Partnership
- ☐ Other (If debtor is not one of the above entities, check this box and state type of entity below.)

Nature of Business
(Check one box)

- ☐ Health Care Business
- ☐ Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B)
- ☐ Railroad
- ☐ Stockbroker
- ☐ Commodity Broker
- ☐ Clearing Bank
- ☐ Other

Tax-Exempt Entity
(Check box, if applicable)

- ☐ Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).

Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box)

- ☐ Chapter 7
- ☐ Chapter 9
- ☐ Chapter 11
- ☐ Chapter 12
- ■ Chapter 13
- ☐ Chapter 15 Petition for Recognition of a Foreign Main Proceeding
- ☐ Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding

Nature of Debts
(Check one box)

- ■ Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."
- ☐ Debts are primarily business debts.

Filing Fee (Check one box)

- ■ Full Filing Fee attached
- ☐ Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A.
- ☐ Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.

Chapter 11 Debtors

Check one box:

- ☐ Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D).
- ☐ Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D).

Check if:

- ☐ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than $2,343,300 *(amount subject to adjustment on 4/01/13 and every three years thereafter).*

Check all applicable boxes:

- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).

Statistical/Administrative Information

- ☐ Debtor estimates that funds will be available for distribution to unsecured creditors.
- ■ Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.

THIS SPACE IS FOR COURT USE ONLY

Estimated Number of Creditors

☐	■	☐	☐	☐	☐	☐	☐	☐	☐
1-49	50-99	100-199	200-999	1,000-5,000	5,001-10,000	10,001-25,000	25,001-50,000	50,001-100,000	OVER 100,000

Estimated Assets

☐	☐	■	☐	☐	☐	☐	☐	☐	☐
$0 to $50,000	$50,001 to $100,000	$100,001 to $500,000	$500,001 to $1 million	$1,000,001 to $10 million	$10,000,001 to $50 million	$50,000,001 to $100 million	$100,000,001 to $500 million	$500,000,001 to $1 billion	More than $1 billion

Estimated Liabilities

☐	☐	■	☐	☐	☐	☐	☐	☐	☐
$0 to $50,000	$50,001 to $100,000	$100,001 to $500,000	$500,001 to $1 million	$1,000,001 to $10 million	$10,000,001 to $50 million	$50,000,001 to $100 million	$100,000,001 to $500 million	$500,000,001 to $1 billion	More than $1 billion

Voluntary Petition *(This page must be completed and filed in every case)*	Name of Debtor(s): Gier, Diana Sherl	
All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet)		
Location Where Filed: - None -	Case Number:	Date Filed:
Location Where Filed:	Case Number:	Date Filed:
Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet)		
Name of Debtor: - None -	Case Number:	Date Filed:
District:	Relationship:	Judge:

Exhibit A

(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)

☐ Exhibit A is attached and made a part of this petition.

Exhibit B

(To be completed if debtor is an individual whose debts are primarily consumer debts.)

I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. §342(b).

X /s/ Ronald Salvatore Ribaudo September 7, 2010
Signature of Attorney for Debtor(s) (Date)
Ronald Salvatore Ribaudo

Exhibit C

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

☐ Yes, and Exhibit C is attached and made a part of this petition.

■ No.

Exhibit D

(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)

■ Exhibit D completed and signed by the debtor is attached and made a part of this petition.

If this is a joint petition:

☐ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.

Information Regarding the Debtor - Venue

(Check any applicable box)

■ Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.

☐ There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.

☐ Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.

Certification by a Debtor Who Resides as a Tenant of Residential Property

(Check all applicable boxes)

☐ Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)

____
(Name of landlord that obtained judgment)

____
(Address of landlord)

☐ Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and

☐ Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.

☐ Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):
Gier, Diana Sherl

Signatures

Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.
[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.
[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X **/s/ Diana Sherl Gier**
Signature of Debtor **Diana Sherl Gier**

X ____________________
Signature of Joint Debtor

____
Telephone Number (If not represented by attorney)

September 7, 2010
Date

Signature of Attorney*

X **/s/ Ronald Salvatore Ribaudo**
Signature of Attorney for Debtor(s)

Ronald Salvatore Ribaudo 53833
Printed Name of Attorney for Debtor(s)

The Ribaudo Law Firm
Firm Name

1407 Lakeshore Drive
Saint Charles, MO 63303

Address

Email: ron@ribaudolaw.com
(636) 485-8252 Fax: (866) 499-3491
Telephone Number

September 7, 2010
Date

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X ____________________
Signature of Authorized Individual

____
Printed Name of Authorized Individual

____
Title of Authorized Individual

____
Date

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

☐ I request relief in accordance with chapter 15 of title 11. United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.

☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X ____________________
Signature of Foreign Representative

____
Printed Name of Foreign Representative

____
Date

Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

____
Printed Name and title, if any, of Bankruptcy Petition Preparer

____
Social-Security number (If the bankrutpcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.)(Required by 11 U.S.C. § 110.)

____
Address

X ____________________

____
Date

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person,or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. §110; 18 U.S.C. §156.

B 1D (Official Form 1, Exhibit D) (12/09)

United States Bankruptcy Court
Eastern District of Missouri

In re **Diana Sherl Gier** Debtor(s)

Case No. ____

Chapter **13**

EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH CREDIT COUNSELING REQUIREMENT

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

■ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

□ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*

□ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]* ____

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: **/s/ Diana Sherl Gier**
Diana Sherl Gier

Date: **September 7, 2010**

Certificate Number: 05375-MOE-CC-012230165

05375-MOE-CC-012230165

CERTIFICATE OF COUNSELING

I CERTIFY that on September 5, 2010, at 8:27 o'clock AM PDT, Diana S Gier received from 1st Choice Credit Counseling & Financial Education a/k/a DBSM, Inc., an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the Eastern District of Missouri, an individual [or group] briefing that complied with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet and telephone.

Date: September 5, 2010

By: /s/Staci M Mintz

Name: Staci M Mintz

Title: Director

* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. *See* 11 U.S.C. §§ 109(h) and 521(b).

United States Bankruptcy Court
Eastern District of Missouri

In re **Diana Sherl Gier**, Debtor

Case No. ____________

Chapter **13**

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	167,970.99		
B - Personal Property	Yes	4	17,048.63		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	1		163,355.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	2		20,792.02	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	16		58,041.39	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	1			3,544.78
J - Current Expenditures of Individual Debtor(s)	Yes	2			3,800.33
Total Number of Sheets of ALL Schedules		30			
		Total Assets	185,019.62		
			Total Liabilities	242,188.41	

United States Bankruptcy Court
Eastern District of Missouri

In re **Diana Sherl Gier**, Debtor

Case No. ______

Chapter **13**

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C.§ 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	20,792.02
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	0.00
Student Loan Obligations (from Schedule F)	0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	0.00
TOTAL	20,792.02

State the following:

Average Income (from Schedule I, Line 16)	3,544.78
Average Expenses (from Schedule J, Line 18)	3,800.33
Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20)	2,681.04

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		0.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column	20,792.02	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		0.00
4. Total from Schedule F		58,041.39
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		58,041.39

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In re **Diana Sherl Gier**, Debtor   Case No. ______________

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption	Amount of Secured Claim
Two-story house on a small lot, less than 1/4 acre. 7 Racine Court Lake Saint Louis, MO 63367	Fee simple	-	167,590.99	154,355.00
Camping Lot #D137, Wildwood Lot Owners Association 7233 Wildwood Estates Drive Steedmen, MO 65077	Fee simple	-	380.00	0.00

Sub-Total > **167,970.99** (Total of this page)

Total > **167,970.99**

(Report also on Summary of Schedules)

0 continuation sheets attached to the Schedule of Real Property

In re **Diana Sherl Gier**, Debtor   Case No. ______________

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property."
If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Type of Property	NONE	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
1. Cash on hand	X			
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		**Checking Account U.S. Bank P.O. Box 1800 Saint Paul, Minnesota 63367-1225**	-	**250.00**
		Tenent Federal Credit Union P.O. Box 1240 Los Alamitos, CA 90720-1240	-	**0.36**
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, including audio, video, and computer equipment.		**assorted items of furniture, lamps, etc.**	-	**2,700.00**
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.		**clothing, shoes, etc.**	-	**300.00**
7. Furs and jewelry.	X			
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10. Annuities. Itemize and name each issuer.	X			

Sub-Total > **3,250.36**
(Total of this page)

3 continuation sheets attached to the Schedule of Personal Property

In re **Diana Sherl Gier**, Debtor — Case No. ______

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.		**MedAssets, Inc. Retirment Savings Plan - 095886 Vanguard 455 Devon Park Drive; Wayne, PA 19087-1815**	-	**592.27**
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and nonnegotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.		**Contingent claim for insurance refund check executed in 2000.**	-	**156.00**

Sub-Total > **748.27**
(Total of this page)

Sheet **1** of **3** continuation sheets attached to the Schedule of Personal Property

In re **Diana Sherl Gier**, Debtor   Case No. ____________

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

Type of Property	NONE	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		**2001 Dodge Dakota Pickup; VIN #1B7GL2AXX1S124747; more than 180,000**	-	**2,490.00**
		1982 Oldsmobile 98; VIN #1G3AW69Y3CM222513; mileage, 210,000	-	**300.00**
		1970 or so Dodge Van Camper 7233 Wildwood Estates Drive. Unit D137 Steedman, MO 65077	-	**300.00**
		2008 Hyundai Elantra, 45,000 miles	-	**9,660.00**
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.		**2006 HP Laptop 2007 HP Desktop**	-	**300.00**
29. Machinery, fixtures, equipment, and supplies used in business.	X			
30. Inventory.	X			
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			

Sub-Total > **13,050.00**
(Total of this page)

Sheet **2** of **3** continuation sheets attached to the Schedule of Personal Property

In re **Diana Sherl Gier**, Debtor　　　Case No. ____________

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

Type of Property	NONE	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.	X			

Sub-Total > **0.00**
(Total of this page)
Total > **17,048.63**

Sheet **3** of **3** continuation sheets attached to the Schedule of Personal Property

(Report also on Summary of Schedules)

B6C (Official Form 6C) (4/10)

In re **Diana Sherl Gier** , Debtor   Case No. ______________

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:
(Check one box)
☐ 11 U.S.C. §522(b)(2)
■ 11 U.S.C. §522(b)(3)

☐ Check if debtor claims a homestead exemption that exceeds $146,450. *(Amount subject to adjustment on 4/1/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.)*

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
Real Property			
Two-story house on a small lot, less than 1/4 acre. 7 Racine Court Lake Saint Louis, MO 63367	**RSMo § 513.475**	**13,235.99**	**167,590.99**
Camping Lot #D137, Wildwood Lot Owners Association 7233 Wildwood Estates Drive Steedmen, MO 65077	**RSMo § 513.475**	**380.00**	**380.00**
Checking, Savings, or Other Financial Accounts, Certificates of Deposit			
Checking Account U.S. Bank P.O. Box 1800 Saint Paul, Minnesota 63367-1225	**RSMo § 525.030(2)**	**250.00**	**250.00**
Household Goods and Furnishings			
assorted items of furniture, lamps, etc.	**RSMo § 513.430.1(1)**	**2,700.00**	**2,700.00**
Wearing Apparel			
clothing, shoes, etc.	**RSMo § 513.430.1(1)**	**300.00**	**300.00**
Interests in IRA, ERISA, Keogh, or Other Pension or Profit Sharing Plans			
MedAssets, Inc. Retirment Savings Plan - 095886 Vanguard 455 Devon Park Drive; Wayne, PA 19087-1815	**RSMo § 513.430.1(10)(e)**	**592.27**	**592.27**
Other Contingent and Unliquidated Claims of Every Nature			
Contingent claim for insurance refund check executed in 2000.	**RSMo § 513.440**	**156.00**	**156.00**
Automobiles, Trucks, Trailers, and Other Vehicles			
2001 Dodge Dakota Pickup; VIN #1B7GL2AXX1S124747; more than 180,000	**RSMo § 513.430.1(5)**	**2,490.00**	**2,490.00**
1982 Oldsmobile 98; VIN #1G3AW69Y3CM222513; mileage, 210,000	**RSMo § 513.440**	**300.00**	**300.00**
1970 or so Dodge Van Camper 7233 Wildwood Estates Drive. Unit D137 Steedman, MO 65077	**RSMo § 513.430.1(3)**	**300.00**	**300.00**
2008 Hyundai Elantra, 45,000 miles	**RSMo § 513.440**	**660.00**	**9,660.00**
Office Equipment, Furnishings and Supplies			
2006 HP Laptop 2007 HP Desktop	**RSMo § 513.430.1(3)**	**300.00**	**300.00**
	Total:	**21,664.26**	**185,019.26**

__0__ continuation sheets attached to Schedule of Property Claimed as Exempt

B6D (Official Form 6D) (12/07)

In re **Diana Sherl Gier**, Debtor Case No. ________

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor" ,include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	Husband, Wife, Joint, or Community (H W J C)	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Account No. 64839565 **BAC Home Loans Servicing L.P.** **P.O. Box 650070** **Dallas, TX 75265**		-	**June 2004** **Deed of trust** **Two-story house on a small lot, less than 1/4 acre.** **7 Racine Court** **Lake Saint Louis, MO 63367** Value $ **167,590.99**				**154,355.00**	**0.00**
Account No. **Gene England** **9 Maple Drive** **Warrenton, MO 63383**		-	**2010** **Purchase Money Security** **2008 Hyundai Elantra, 45,000 miles** Value $ **9,660.00**				**9,000.00**	**0.00**
Account No.			Value $					
Account No.			Value $					

0 continuation sheets attached

	Amount of Claim	Unsecured Portion
Subtotal (Total of this page)	**163,355.00**	**0.00**
Total (Report on Summary of Schedules)	**163,355.00**	**0.00**

.

In re **Diana Sherl Gier** , Debtor Case No. ____________

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

☐ **Domestic support obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to $11,725* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to $5,775* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to $2,600* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

■ **Taxes and certain other debts owed to governmental units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to maintain the capital of an insured depository institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).

☐ **Claims for death or personal injury while debtor was intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

* *Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.*

1 continuation sheets attached

In re **Diana Sherl Gier**, Debtor Case No. ____________

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

Taxes and Certain Other Debts Owed to Governmental Units

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	CODEBTOR	Husband, Wife, Joint, or Community (H W J C)	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY / AMOUNT ENTITLED TO PRIORITY
Account No. xxxxx0235 Department of Treasury, IRS P.O. Box 16336 Philadelphia, PA 19114		-	3-2-2009 2007 Taxes				5,166.00	0.00 5,166.00
Account No. 492760235 Department of Treasury, IRS P.O. Box 16336 Philadelphia, PA 19114		-	during 2008 tax year 2008 Taxes				10,465.00	0.00 10,465.00
Account No. xxxxx0235 Missouri Department of Labor P.O. Box 3915 Jefferson City, MO 65102		-	2/2/2010 unemployment compesnation "erroneously" paid debtor				4,142.00	0.00 4,142.00
Account No. Missouri Department of Revenue 301 West High Street Jefferson City, MO 65101		-	2010 taxes owed as of Aug. 2010				1,019.02	0.00 1,019.02
Account No.								
Subtotal (Total of this page)							20,792.02	0.00 20,792.02
Total (Report on Summary of Schedules)							20,792.02	0.00 20,792.02

Sheet 1 of 1 continuation sheets attached to Schedule of Creditors Holding Unsecured Priority Claims

B6F (Official Form 6F) (12/07)

In re **Diana Sherl Gier**, Debtor   Case No. ______

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	Husband, Wife, Joint, or Community (H W J C)	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. **xxxxxxx7962** **Aqua America** **P.O. Box 4906** **Department 9** **Trenton, NJ**		**-**	**prior to 1/15/2009** **water services**				**111.89**
Account No. **x6503** **BC Progress Emergency Physicians, L.P.** **P.O. Box 3475** **Toledo, OH 43607-0475**		**-**	**9/29/2008** **medical services**				**533.00**
Account No. **xxxx xx. xxxx-xxx1668** **Camden Cedar Lakes** **36 Cedar Circle Drive** **Lake Saint Louis, MO 63367**	**X**	**-**	**March 24, 2008** **none; petitioner cosigned for tenant to rent**				**2,144.00**
Account No. **xxxx-xxxx-xxxx-8310** **Capital One -- K Mart** **P.O. Box 60000** **Seattle, WA 98190**		**-**	**2001** **credit card for purchase of goods & services at KMart**				**808.86**

15 continuation sheets attached

Subtotal (Total of this page) **3,597.75**

In re **Diana Sherl Gier**, Debtor

Case No. ______

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	Husband, Wife, Joint, or Community (H W J C)	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. **xxxx1930** **Center for Diagnostic Imaging** **P.O. Box 790120** **Oklahoma City, OK 73179-0120**		-	**4/7/2006**				**400.00**
Account No. **xxx7523** **CenterPointe Hospital** **5931 Highway 94 South** **Saint Charles, MO 63304-5611**		-	**medical services**				**775.00**
Account No. **xxxxx7228** **Century Tel** **P.O. Box 6001** **Marion, LA 71260-6001**		-	**1/1/2006** **phone services**				**279.54**
Account No. **xxxx0304** **Chestnut Hill Healthcare** **P.O. Box 1070** **Jenkintown, PA 19046**		-	**2004**				**50.00**
Account No. **x.xxxxx0001** **Cingular** **P.O. Box 2667** **Houston, TX 77252-2667**		-	**2005** **phone services**				**359.58**

Sheet no. **1** of **15** sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal (Total of this page) **1,864.12**

In re **Diana Sherl Gier**, Debtor   Case No. ____________

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	Husband, Wife, Joint, or Community H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. **xxxxxx3888** **Citibank (South Dakota), N.A.**		-	**2004** **credit card for purchase of goods & services**				**710.41**
Account No. **xxxxx9319** **Commerce Bank c/o NCO Financial Services** **507 Prudential Road** **Horsham, PA 19044**		-	**2004** **banking services -- overdraft charge**				**224.03**
Account No. **xxx*xx8560** **Comprehensive Anesthesia Care PC** **P.O. Box 11750** **Saint Louis, MO 63105-0550**		-	**5/25/2010**				**36.18**
Account No. **x2868** **Glennon Care Professional Services** **P.O. Box 504604** **Saint Louis, MO 63150-4604**		-	**10/13/08, 2/18/08, 12/08/08** **medical services**				**21.00**
Account No. **xxx8215** **Group Affiliate of the Schumacher Group** **P.O. Box 400** **San Antonio, TX 78292-0400**		-	**12/16/2008** **medical services**				**62.10**

Sheet no. **2** of **15** sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal (Total of this page) **1,053.72**

In re **Diana Sherl Gier**, Debtor — Case No. ______

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	Husband, Wife, Joint, or Community (H W J C)	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. Harold Huffaker 1309 Armsley Court Fort Collins, CO 80525		-	June 2004 loan from friend				4,000.00
Account No. x2118 Healthcare 3023 North Ballas Suite 440D Saint Louis, MO 63131		-	8/3/2010 medical services				52.01
Account No. Jan Marberger, O.D. 2256 Mt Caramel Avenue Glenside, PA 19038		-	10/26/2002 medical services				85.00
Account No. xxxx6602 LabCorp of America P.O. Box 2240 Burlington, NC 27216		-	11/18/2008 medical services				Unknown
Account No. xxxt 462 Lakeside Storage/Lakeside Plaza, Inc. 400 Lakeside Plaza Lake Saint Louis, MO 63367		-	2005				202.00

Sheet no. 3 of 15 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal (Total of this page): 4,339.01

In re **Diana Sherl Gier**, Debtor   Case No. ____________

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	Husband, Wife, Joint, or Community H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. **Diana Gier** **Massage Envy** **4651 Highway K** **O Fallon, MO 63368**		-	**1/15/2009** **massage services**				**49.00**
Account No. **x.xxxx9E+15** **MBNA** **507 Prudential Road** **Horsham, PA 19044**		-	**1998/199** **credit card to purchase goods/services**				**19,610.00**
Account No. **xxxx7825** **Midwest Radiologic Associates** **P.O. Box 38423** **Saint Louis, MO 63138-0423**		-	**9/29/2008** **medical services**				**541.05**
Account No. **xxxxx0389** **Missouri Baptist Medical Center** **P.O. Box 504038** **Saint Louis, MO 63150-0001**		-	**4/24/2006** **medical services**				**250.00**
Account No. **x.xxxx9E+11** **Movie Gallery** **900 West Main Street** **Dothan, AL 36301**		-	**2004** **movie rental fees/late fees**				**81.50**

Sheet no. **4** of **15** sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal (Total of this page) **20,531.55**

In re **Diana Sherl Gier**, Debtor　　　　Case No. ____________

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	Husband, Wife, Joint, or Community (H W J C)	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. **x4954** **OB-GYN Associates, Inc.** **1034 South Brentwood** **Suite 946** **Saint Louis, MO 63117-1275**		-	**2010** **medical services**				**Unknown**
Account No. **xx9367** **Parkway Pathology Group** **P.O. Box 500720** **Saint Louis, MO 63150-0720**		-	**4/24/2006** **medical services**				**42.92**
Account No. **xx7157** **Pediatric Dental Associates** **260 New York Drive** **Fort Washington, PA 19034**		-	**2004** **medical services**				**50.00**
Account No. **xx5011** **Physician Specialists of St. Luke's** **P.O. Box 504383** **Saint Louis, MO 63150**		-	**8/17/2008** **medical services**				**85.00**
Account No. **xx9578** **PsychCare Consultants LLC** **5000 Cedar Plaza Pkwy #350** **Saint Louis, MO 63128**		-	**2010** **medical services**				**273.59**

Sheet no. **5** of **15** sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal (Total of this page) **451.51**

B6F (Official Form 6F) (12/07) - Cont.

In re **Diana Sherl Gier**, Debtor — Case No.

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	Husband, Wife, Joint, or Community (H W J C)	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. xxxx1000 **Qaiser Jawaid, M.D.** **300 Medical Plaza** **Suite 100** **Lake Saint Louis, MO 63367**		-	5/25/2010 medical services				Unknown
Account No. xxxxxx2432 **Quest Diagnostics** **P.O. Box 740780** **Cincinnati, OH 45274-0780**		-	6/29/2010 medical services				Unknown
Account No. xxxxxx8871 **Quest Diagnostics** **P.O. Box 740780** **Cincinnati, OH 45274-0780**		-	10/13/2008 medical services				9.56
Account No. **Quest Diagnostics** **P.O. Box 740781** **Cincinnati, OH 45274-0781**		-	medical services				24.23
Account No. xx5271 **Radiographic Imaging Consultants** **221 Compass Point Drive** **Saint Charles, MO 63301**		-	10/25/2004 medical services				27.39

Sheet no. 6 of 15 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal (Total of this page) **61.18**

In re **Diana Sherl Gier**, Debtor Case No. ______

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	Husband, Wife, Joint, or Community (H W J C)	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. **x6517** **Radiographic Imaging Consultants 221 Compass Point Drive Saint Charles, MO 63301**		-	**8/19/2008 medical services**				**141.12**
Account No. **xx8565** **Radiographic Imaging Consultants 220 Compass Point Drive Saint Charles, MO 63301**		-	**12/16/2008 medical services**				**Unknown**
Account No. **xxxxxx0001** **Ria Medical LLC 600 Medical Drive Suite 106 Wentzville, MO 63385**		-	**12/12/08, 11/15/08, 11/18/08, 11/19/08 medical services**				**Unknown**
Account No. **xxxxxxx/xx0603** **Rickart Collection 575 Milltown Road North Brunswick, NJ 08902**		-	**2004 medical services**				**10.00**
Account No. **xx8510** **Ron Javdan MD 180 Weidman Road Suite 125 Ballwin, MO 63021**		-	**12/24/2008 medical services**				**18.19**

Sheet no. **7** of **15** sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal (Total of this page) **169.31**

In re **Diana Sherl Gier**, Debtor Case No. ____________

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	Husband, Wife, Joint, or Community (H W J C)	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. **Rosemarie England** **9 Maple Drive** **Warrenton, MO 63383**		-	**over past year** **loans for fixing roof on residence, pay mortgage, and other living expenses due to unemployment**				**15,000.00**
Account No. **xxxxxxxx0-109** **Scholastic** **P.O. Box 6023** **Jefferson City, MO 65102**		-	**2005** **books for son**				**60.15**
Account No. **xxxxxxxxx1426** **Sears Roebuck** **P.O. Box 182532** **Columbus, OH 43218**		-	**2002-2003** **credit card used to purchase gods & services**				**560.00**
Account No. **xxxxxxx050-7** **Sprint PCS** **P.O. Box 8077** **London, KY 40742**		-	**2001** **phone services**				**216.67**
Account No. **x5913** **St. Charles County Ambulance District** **4169 Old Mill Parkway** **Saint Peters, MO 63376**		-	**11/14/2008** **medical services**				**127.60**

Sheet no. 8 of 15 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal (Total of this page): **15,964.42**

In re **Diana Sherl Gier**, Debtor   Case No. ____________

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	Husband, Wife, Joint, or Community (H W J C)	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. xxxxxxxx1357 St. John's Mercy Medical Center P.O. Box 502970 Saint Louis, MO 63150-2970		-	2/16/2005 medical services				56.00
Account No. xxxxx-x1231 St. John's Mercy Medical Center P.O. Box 18057-B Saint Louis, MO 63160		-	2/17/2005 medical services				68.00
Account No. xxxxxxx1402 St. John's Mercy Medical Center P.O. Box 22009 Saint Louis, MO 63126		-	5/12/2005 medical services				211.00
Account No. xxxxxxx1398 St. John's Mercy Medical Center P.O. Box 502967 Saint Louis, MO 63150-2967		-	5/12/2005 medical services				168.00
Account No. xxxxxxx1313 St. John's Mercy Medical Center P.O. Box 502966 Saint Louis, MO 63150-2966		-	7/27/2005 medical services				25.00

Sheet no. 9 of 15 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal (Total of this page) **528.00**

B6F (Official Form 6F) (12/07) - Cont.

In re **Diana Sherl Gier**, Debtor

Case No. ____________

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	Husband, Wife, Joint, or Community (H W J C)	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. xxxxxxx1833 St. John's Mercy Medical Center P.O. Box 502969 Saint Louis, MO 63150-2969		-	9/16/2005 medical services				224.00
Account No. xxxxxxx1698 St. John's Mercy Medical Center P.O. Box 502968 Saint Louis, MO 63150-2968		-	11/7/2005 medical services				25.00
Account No. St. Joseph Hospital West 1021 Corporate Square Drive Saint Louis, MO 63132		-	8/8/2010 medical services				Unknown
Account No. xxxxxx0213 St. Joseph Hospital West 1021 Corporate Square Drive Saint Louis, MO 63132		-	5/18/2010 medical services				519.85
Account No. xxxxx0281 St. Joseph Hospital West 1021 Corporate Square Drive Saint Louis, MO 63132		-	10/15/2004 medical services				2,848.10

Sheet no. 10 of 15 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal (Total of this page): 3,616.95

In re **Diana Sherl Gier**, Debtor — Case No. ____________

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	Husband, Wife, Joint, or Community (H W J C)	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. **xxxxx0049** **St. Joseph Hospital West** **1021 Corporate Square Drive** **Saint Louis, MO 63132**		-	**11/10/2004** **medical services**				**1,113.60**
Account No. **xxxxx0021** **St. Joseph Hospital West** **1021 Corporate Square Drive** **Saint Louis, MO 63132**		-	**3/27/2005** **medical services**				**1,026.60**
Account No. **xxxxx0276** **St. Joseph Hospital West** **1022 Corporate Square Drive** **Saint Louis, MO 63132**		-	**4/18/2006** **medical services**				**100.00**
Account No. **xxxxx0343** **St. Joseph Hospital West** **1018 Corporate Square Drive** **Saint Louis, MO 63132**		-	**9/19/2006** **medical services**				**100.00**
Account No. **xxxxx0341** **St. Joseph Hospital West** **1019 Corporate Square Drive** **Saint Louis, MO 63132**		-	**3/1/2007** **medical services**				**100.00**

Sheet no. 11 of 15 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal (Total of this page) **2,440.20**

In re **Diana Sherl Gier**, Debtor   Case No. ____________

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	Husband, Wife, Joint, or Community H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. xxxxx0272 St. Joseph Hospital West 1023 Corporate Square Drive Saint Louis, MO 63132		-	3/20/2007 medical services				100.00
Account No. xxxxx0134 St. Joseph Hospital West 1024 Corporate Square Drive Saint Louis, MO 63132		-	4/5/2007 medical services			X	500.00
Account No. xxxxx0382 St. Joseph Hospital West 1017 Corporate Square Drive Saint Louis, MO 63132		-	8/19/2008 medical services				600.00
Account No. xxxxx0339 St. Joseph Hospital West 1020 Corporate Square Drive Saint Louis, MO 63132		-	12/16/2008 medical services				113.66
Account No. x6134 St. Joseph Hospital West P.O. Box 503859 Saint Louis, MO 63132-0001		-	11/10/2004 medical services				147.00

Sheet no. 12 of 15 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal (Total of this page) **1,460.66**

In re **Diana Sherl Gier**, Debtor   Case No. __________

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	Husband, Wife, Joint, or Community (H W J C)	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. x5778 St. Joseph Hospital West P.O. Box 5033861 Saint Louis, MO 63132-0003		-	3/27/2005 medical services				397.00
Account No. xx1391 St. Joseph Hospital West P.O. Box 503860 Saint Louis, MO 63132-0002		-	8/19/2008 medical services				269.00
Account No. xxxxx1135 St. Luke's Hospital 236 South Woods Mill Road Chesterfield, MO 63017		-	2/27/2006 medical services				10.00
Account No. xxxxx0747 St. Luke's Hospital 233 South Woods Mill Road Chesterfield, MO 63017		-	4/3/2006 medical services				10.00
Account No. xxxxx0541 St. Luke's Hospital 234 South Woods Mill Road Chesterfield, MO 63017		-	4/12/2006 medical services				145.86

Sheet no. 13 of 15 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal (Total of this page): **831.86**

In re **Diana Sherl Gier**, Debtor
Case No. ____________

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	Husband, Wife, Joint, or Community (H W J C)	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. xxxxx0810 St. Luke's Hospital 232 South Woods Mill Road Chesterfield, MO 63017		-	5/5/2006 medical services				106.00
Account No. xxxxx0219 St. Luke's Hospital 235 South Woods Mill Road Chesterfield, MO 63017		-	8/17/2008 medical services				30.00
Account No. 8437 STL PATH LLC P.O. Box 78609 Saint Louis, MO 63178		-	7/23/2007 medical services				29.00
Account No. TD Bank N.A. P.O. Box 9100 Hopkinton, MA 01748		-	unknown unknown				280.04
Account No. xxxxxx5424 Verizon Wireless P.O. Box 1915 Beltsville, MD 20705		-	2000 phone services				635.08

Sheet no. 14 of 15 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal (Total of this page): 1,080.12

In re **Diana Sherl Gier**, Debtor Case No. ______

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	Husband, Wife, Joint, or Community (H W J C)	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. **xxxx7824** **Washington University Physicians** **660 South Euclid Avenue** **Campus Box 8239** **Saint Louis, MO 63110**		-	**11/14/2008** **medical services**				**16.03**
Account No. **xxxxxxx1313** **Washington University Physicians Group** **P.O. Box 14997** **Saint Louis, MO 63110-0001**		-	**7/27/2005** **medical services**				**35.00**
Account No.							
Account No.							
Account No.							

Sheet no. **15** of **15** sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal (Total of this page): **51.03**

Total (Report on Summary of Schedules): **58,041.39**

B6G (Official Form 6G) (12/07)

In re **Diana Sherl Gier**, Debtor   Case No. ____________

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

■ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract	Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract.

0 continuation sheets attached to Schedule of Executory Contracts and Unexpired Leases

B6H (Official Form 6H) (12/07)

In re **Diana Sherl Gier**, Debtor   Case No. ____________

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
Joseph M. Mele **unknown to petitioner** **MO** **has been in and out of jail and prison in the past couple years**	**Camden Cedar Lakes** **36 Cedar Circle Drive** **Lake Saint Louis, MO 63367**

0 continuation sheets attached to Schedule of Codebtors

B6I (Official Form 6I) (12/07)

In re **Diana Sherl Gier** Case No. ____________
Debtor(s)

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

Debtor's Marital Status:	DEPENDENTS OF DEBTOR AND SPOUSE	
	RELATIONSHIP(S):	AGE(S):
Single	**Son**	**16**
	Son	**19**

Employment:	DEBTOR	SPOUSE
Occupation	**Data Analyst**	
Name of Employer	**MedAssets Service, L.L.C.**	
How long employed	**7 months**	
Address of Employer	**200 North Point Parkway** **Suite 600** **Alpharetta, GA 30022**	

INCOME: (Estimate of average or projected monthly income at time case filed)	DEBTOR	SPOUSE
1. Monthly gross wages, salary, and commissions (Prorate if not paid monthly)	$ **3,762.08**	$ **N/A**
2. Estimate monthly overtime	$ **0.00**	$ **N/A**
3. SUBTOTAL	$ **3,762.08**	$ **N/A**
4. LESS PAYROLL DEDUCTIONS		
a. Payroll taxes and social security	$ **527.58**	$ **N/A**
b. Insurance	$ **290.04**	$ **N/A**
c. Union dues	$ **0.00**	$ **N/A**
d. Other (Specify): **Parking**	$ **57.50**	$ **N/A**
401(k)	$ **142.18**	$ **N/A**
5. SUBTOTAL OF PAYROLL DEDUCTIONS	$ **1,017.30**	$ **N/A**
6. TOTAL NET MONTHLY TAKE HOME PAY	$ **2,744.78**	$ **N/A**
7. Regular income from operation of business or profession or farm (Attach detailed statement)	$ **0.00**	$ **N/A**
8. Income from real property	$ **0.00**	$ **N/A**
9. Interest and dividends	$ **0.00**	$ **N/A**
10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above	$ **800.00**	$ **N/A**
11. Social security or government assistance		
(Specify):	$ **0.00**	$ **N/A**
	$ **0.00**	$ **N/A**
12. Pension or retirement income	$ **0.00**	$ **N/A**
13. Other monthly income		
(Specify):	$ **0.00**	$ **N/A**
	$ **0.00**	$ **N/A**
14. SUBTOTAL OF LINES 7 THROUGH 13	$ **800.00**	$ **N/A**
15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)	$ **3,544.78**	$ **N/A**
16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15)	$ **3,544.78**	

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:

B6J (Official Form 6J) (12/07)

In re **Diana Sherl Gier** Case No. ____________
Debtor(s)

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form 22A or 22C.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

1. Rent or home mortgage payment (include lot rented for mobile home)	$ 1,697.78
a. Are real estate taxes included? Yes X No ___	
b. Is property insurance included? Yes X No ___	
2. Utilities: a. Electricity and heating fuel	$ 290.00
b. Water and sewer	$ 82.18
c. Telephone	$ 188.73
d. Other **See Detailed Expense Attachment**	$ 161.86
3. Home maintenance (repairs and upkeep)	$ 100.00
4. Food	$ 500.00
5. Clothing	$ 0.00
6. Laundry and dry cleaning	$ 50.00
7. Medical and dental expenses	$ 120.00
8. Transportation (not including car payments)	$ 200.00
9. Recreation, clubs and entertainment, newspapers, magazines, etc.	$ 40.00
10. Charitable contributions	$ 0.00
11. Insurance (not deducted from wages or included in home mortgage payments)	
a. Homeowner's or renter's	$ 0.00
b. Life	$ 0.00
c. Health	$ 0.00
d. Auto	$ 49.78
e. Other	$ 0.00
12. Taxes (not deducted from wages or included in home mortgage payments) (Specify)	$ 0.00
13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)	
a. Auto	$ 200.00
b. Other	$ 0.00
c. Other	$ 0.00
14. Alimony, maintenance, and support paid to others	$ 0.00
15. Payments for support of additional dependents not living at your home	$ 0.00
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	$ 0.00
17. Other **See Detailed Expense Attachment**	$ 120.00
18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)	$ 3,800.33

19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:

20. STATEMENT OF MONTHLY NET INCOME

a. Average monthly income from Line 15 of Schedule I	$ 3,544.78
b. Average monthly expenses from Line 18 above	$ 3,800.33
c. Monthly net income (a. minus b.)	$ -255.55

B6J (Official Form 6J) (12/07)

In re **Diana Sherl Gier** Case No. ______

Debtor(s)

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Detailed Expense Attachment

Other Utility Expenditures:

Trash Pickup	$ 18.00
Internet/Cable TV	$ 143.86
Total Other Utility Expenditures	$ 161.86

Other Expenditures:

Veterinary Bill	$ 5.00
Dining Out	$ 100.00
Club, Sports, Hobbies for Sel & Sons	$ 15.00
Total Other Expenditures	$ 120.00

B6 Declaration (Official Form 6 - Declaration). (12/07)

United States Bankruptcy Court
Eastern District of Missouri

In re **Diana Sherl Gier** Case No. ______
Debtor(s) Chapter **13**

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of **32** sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date **September 7, 2010** Signature **/s/ Diana Sherl Gier**
Diana Sherl Gier
Debtor

Penalty for making a false statement or concealing property: Fine of up to $500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

United States Bankruptcy Court
Eastern District of Missouri

In re **Diana Sherl Gier** Debtor(s)

Case No.

Chapter **13**

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

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1. Income from employment or operation of business

None ☐

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
$24,453.00	**2010 YTD: Debtor Employment Income**
$125,290.00	**Employment, 2008**
$11,077.00	**2009, employment income, 2009**

2. Income other than from employment or operation of business

None ■

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE

3. Payments to creditors

None □

Complete a. or b., as appropriate, and c.

a. *Individual or joint debtor(s) with primarily consumer debts.* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than $600. Indicate with an (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
Lake St. Louis Community Association 100 Cognac Court Lake Saint Louis, MO 63367	**6/15/2010**	**$894.00**	**$0.00**

None ■

b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than $5,850*. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS/ TRANSFERS	AMOUNT PAID OR VALUE OF TRANSFERS	AMOUNT STILL OWING

None ■

c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATE OF PAYMENT	AMOUNT PAID	AMOUNT STILL OWING

4. Suits and administrative proceedings, executions, garnishments and attachments

None ■

a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION

None ■

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

* Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED	DATE OF SEIZURE	DESCRIPTION AND VALUE OF PROPERTY

5. Repossessions, foreclosures and returns

None ■

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER	DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY

6. Assignments and receiverships

None ■

a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE	DATE OF ASSIGNMENT	TERMS OF ASSIGNMENT OR SETTLEMENT

None ■

b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN	NAME AND LOCATION OF COURT CASE TITLE & NUMBER	DATE OF ORDER	DESCRIPTION AND VALUE OF PROPERTY

7. Gifts

None ■

List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than $200 in value per individual family member and charitable contributions aggregating less than $100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT

8. Losses

None ■

List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case.** (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS

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9. Payments related to debt counseling or bankruptcy

None ☐

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
1st Choice Credit Counseling & Financial 2049 Marco Drive Camarillo, CA 93010	**Sept. 5, 2010**	**$35 -- consumer credit counseling**

10. Other transfers

None ■

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED

None ■

b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER DEVICE	DATE(S) OF TRANSFER(S)	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY

11. Closed financial accounts

None ☐

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
Fidelity Investments	**personal investment account**	**closed -- 7007**

12. Safe deposit boxes

None ■

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY

13. Setoffs

None ■

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

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NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF

14. Property held for another person

None ■ List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY

15. Prior address of debtor

None ■ If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY

16. Spouses and Former Spouses

None ■ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None ■ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW

None ■ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW

None ■ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT	DOCKET NUMBER	STATUS OR DISPOSITION

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18 . Nature, location and name of business

None ■ a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

NAME	LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES

None ■ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME	ADDRESS

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

*(An individual or joint debtor should complete this portion of the statement **only** if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)*

19. Books, records and financial statements

None ■ a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS	DATES SERVICES RENDERED

None ■ b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME	ADDRESS	DATES SERVICES RENDERED

None ■ c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME	ADDRESS

None ■ d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

NAME AND ADDRESS	DATE ISSUED

20. Inventories

None ■ a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY	INVENTORY SUPERVISOR	DOLLAR AMOUNT OF INVENTORY (Specify cost, market or other basis)

None ■ b. List the name and address of the person having possession of the records of each of the two inventories reported in a., above.

DATE OF INVENTORY	NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS

21 . Current Partners, Officers, Directors and Shareholders

None ■ a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS	NATURE OF INTEREST	PERCENTAGE OF INTEREST

None ■ b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS	TITLE	NATURE AND PERCENTAGE OF STOCK OWNERSHIP

22 . Former partners, officers, directors and shareholders

None ■ a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME	ADDRESS	DATE OF WITHDRAWAL

None ■ b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS	TITLE	DATE OF TERMINATION

23 . Withdrawals from a partnership or distributions by a corporation

None ■ If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR	DATE AND PURPOSE OF WITHDRAWAL	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY

24. Tax Consolidation Group.

None ■ If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION	TAXPAYER IDENTIFICATION NUMBER (EIN)

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25. Pension Funds.

None ■ If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND	TAXPAYER IDENTIFICATION NUMBER (EIN)

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date **September 7, 2010** Signature **/s/ Diana Sherl Gier**
Diana Sherl Gier
Debtor

Penalty for making a false statement: Fine of up to $500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

United States Bankruptcy Court
Eastern District of Missouri

In re **Diana Sherl Gier** Debtor(s) Case No. ______ Chapter **13**

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	$	**1,500.00**
Prior to the filing of this statement I have received	$	**0.00**
Balance Due	$	**1,500.00**

2. $ **274.00** of the filing fee has been paid.

3. The source of the compensation paid to me was:

   ■ Debtor ☐ Other (specify):

4. The source of compensation to be paid to me is:

   ■ Debtor ☐ Other (specify):

5. ■ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

   ☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

   a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
   b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
   c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
   d. [Other provisions as needed]
      Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.

7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:
   Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Dated: **September 7, 2010**

/s/ Ronald Salvatore Ribaudo
Ronald Salvatore Ribaudo
The Ribaudo Law Firm
1407 Lakeshore Drive
Saint Charles, MO 63303
(636) 485-8252 Fax: (866) 499-3491
ron@ribaudolaw.com

WARNING: Effective December 1, 2009, the 15-day deadline to file schedules and certain other documents under Bankruptcy Rule 1007(c) is shortened to 14 days. For further information, see note at bottom of page 2

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF MISSOURI

NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days **before** the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

Chapter 7: Liquidation ($245 filing fee, $39 administrative fee, $15 trustee surcharge: Total Fee $299)

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income ($235 filing fee, $39 administrative fee: Total fee $274)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

Chapter 11: Reorganization ($1000 filing fee, $39 administrative fee: Total fee $1039)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family Farmer or Fisherman ($200 filing fee, $39 administrative fee: Total fee $239)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The documents and the deadlines for filing them are listed on Form B200, which is posted at http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Many filing deadlines change on December 1, 2009. Of special note, 12 rules that set 15 days to act are amended to require action within 14 days, including Rule 1007(c), filing the initial case papers; Rule 3015(b), filing a chapter 13 plan; Rule 8009(a), filing appellate briefs; and Rules 1019, 1020, 2015, 2015.1, 2016, 4001, 4002, 6004, and 6007.

B 201B (Form 201B) (12/09)

United States Bankruptcy Court
Eastern District of Missouri

In re **Diana Sherl Gier** Case No. ______

Debtor(s) Chapter **13**

CERTIFICATION OF NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b) OF THE BANKRUPTCY CODE

Certification of Debtor

I (We), the debtor(s), affirm that I (we) have received and read the attached notice, as required by § 342(b) of the Bankruptcy Code.

Diana Sherl Gier	X **/s/ Diana Sherl Gier**	**September 7, 2010**
Printed Name(s) of Debtor(s)	Signature of Debtor	Date
Case No. (if known) ______	X ______	
	Signature of Joint Debtor (if any)	Date

Instructions: Attach a copy of Form B 201 A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) **only** if the certification has **NOT** been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

United States Bankruptcy Court
Eastern District of Missouri

In re **Diana Sherl Gier** Case No. ______
Debtor(s) Chapter **13**

VERIFICATION OF CREDITOR MATRIX

The above named debtor(s) hereby certifies/certify under penalty of perjury that the attached list containing the names and addresses of my creditors (Matrix), consisting of **9** page(s) and is true, correct and complete.

/s/ Diana Sherl Gier
Diana Sherl Gier
Debtor

Dated: **September 7, 2010**

(L.F. 2 Rev. 03/03)

Agent Healthcare Financial Services
P.O. Box 23107
Belleville, IL 62223-0107

Agent Healthcare Financial Services
P.O. Box 229497
Saint Louis, MO 63126

Agent Healthcare Financial Services
P.O. Box 29497
Saint Louis, MO 63127

American Credit Service of Missouri
P.O. Box 1328
Saint Peters, MO 63376-0023

Aqua America
P.O. Box 4906
Department 9
Trenton, NJ

Associated Credit Services
105B South Street
Hopkinton, MA 01748

BAC Home Loans Servicing L.P.
P.O. Box 650070
Dallas, TX 75265

BC Progress Emergency Physicians, L.P.
P.O. Box 3475
Toledo, OH 43607-0475

Camden Cedar Lakes
36 Cedar Circle Drive
Lake Saint Louis, MO 63367

Capital One -- K Mart
P.O. Box 60000
Seattle, WA 98190

CBCS
P.O. Box 69
Columbus, OH 43216

Center for Diagnostic Imaging
P.O. Box 790120
Oklahoma City, OK 73179-0120

CenterPointe Hospital
5931 Highway 94 South
Saint Charles, MO 63304-5611

Century Tel
P.O. Box 6001
Marion, LA 71260-6001

Chestnut Hill Healthcare
P.O. Box 1070
Jenkintown, PA 19046

Cingular
P.O. Box 2667
Houston, TX 77252-2667

Citibank (South Dakota), N.A.

CMRE Financial Services, Inc.
3075 E. Imperial Highway
Brea, CA 92821

Coltech
P.O. Box 47095
Minneapolis, MN 55447

Commerce Bank c/o NCO Financial Services
507 Prudential Road
Horsham, PA 19044

Comprehensive Anesthesia Care PC
P.O. Box 11750
Saint Louis, MO 63105-0550

Computer Credit Inc
Claim Department 016742
P.O. Box 5238
Winston Salem, NC 27113-5239

Computer Credit Inc
Claim Department 016742
P.O. Box 5238
Winston Salem, NC 27113-5239

Computer Credit Inc
Claim Department 016742
P.O. Box 5238
Winston Salem, NC 27113-5239

Computer Credit Inc
Claim Department 016742
P.O. Box 5238
Winston Salem, NC 27113-5239

Computer Credit Inc
Claim Department 016742
P.O. Box 5238
Winston Salem, NC 27113-5239

Consumer Collection Management Inc.
P.O. Box 1839
Maryland Heights, MO 63043

Credit Plus Collections Services
2491 Paxton Street
Harrisburg, PA 17111

Department of Treasury, IRS
P.O. Box 16336
Philadelphia, PA 19114

Department of Treasury, IRS
P.O. Box 16336
Philadelphia, PA 19114

Extended Business Office
13523 Barrett Parkway Drive
Suite 241
Ballwin, MO 63021

Firstsource Healthcare Advantage, Inc.
7650 Magna Drive
Belleville, IL 62223

Firstsource Healthcare Advantage, Inc.
7650 Magna DRive
Belleville, IL 62223

Gene England
9 Maple Drive
Warrenton, MO 63383

Glennon Care Professional Services
P.O. Box 504604
Saint Louis, MO 63150-4604

Group Affiliate of the Schumacher Group
P.O. Box 400
San Antonio, TX 78292-0400

Harold Huffaker
1309 Armsley Court
Fort Collins, CO 80525

Healthcare
3023 North Ballas
Suite 440D
Saint Louis, MO 63131

Inc.
P.O. Box 33009
Phoenix, AZ 85067-3009

Jan Marberger, O.D.
2256 Mt Caramel Avenue
Glenside, PA 19038

Kozeny McCubbin
12400 Olive Blvd.
Suite 555
Saint Louis, MO 63141

LabCorp of America
P.O. Box 2240
Burlington, NC 27216

Lakeside Storage/Lakeside Plaza, Inc.
400 Lakeside Plaza
Lake Saint Louis, MO 63367

Larkin Collection Services, Inc.
P.O. Box 24753
Philadelphia, PA 19111

Law Offices of Gerald E. Moore
P.O. Box 724087
Atlanta, GA 31139

Massage Envy
4651 Highway K
O Fallon, MO 63368

MBNA
507 Prudential Road
Horsham, PA 19044

Midwest Radiologic Associates
P.O. Box 38423
Saint Louis, MO 63138-0423

Missouri Baptist Medical Center
P.O. Box 504038
Saint Louis, MO 63150-0001

Missouri Department of Labor
P.O. Box 3915
Jefferson City, MO 65102

Missouri Department of Revenue
301 West High Street
Jefferson City, MO 65101

Movie Gallery
900 West Main Street
Dothan, AL 36301

NCO Financial
909 East Republic Road
Bldg G
Suite 200
Springfield, MO 65807

NCO Financial Systems
1930 West Bennett
Suite 100
Springfield, MO 65807

NCO Financial Systems, Inc
507 Prudential Road
Suite 100
Horsham, PA 19044

NCO Financial Systems, Inc.
1930 West Bennett
Suite 100
Springfield, MO 65807

Northland Group, Inc.
P.O. Box 390905
Minneapolis, MN 55439

OB-GYN Associates, Inc.
1034 South Brentwood
Suite 946
Saint Louis, MO 63117-1275

Parkway Pathology Group
P.O. Box 500720
Saint Louis, MO 63150-0720

Pediatric Dental Associates
260 New York Drive
Fort Washington, PA 19034

Phoenix Management Systems, Inc
P.O. Box 3972
Minneapolis, MN 55403-0972

Physician Specialists of St. Luke's
P.O. Box 504383
Saint Louis, MO 63150

PsychCare Consultants LLC
5000 Cedar Plaza Pkwy #350
Saint Louis, MO 63128

Qaiser Jawaid, M.D.
300 Medical Plaza
Suite 100
Lake Saint Louis, MO 63367

Quest Diagnostics
P.O. Box 740780
Cincinnati, OH 45274-0780

Quest Diagnostics
P.O. Box 740780
Cincinnati, OH 45274-0780

Quest Diagnostics
P.O. Box 740781
Cincinnati, OH 45274-0781

Radiographic Imaging Consultants
221 Compass Point Drive
Saint Charles, MO 63301

Radiographic Imaging Consultants
221 Compass Point Drive
Saint Charles, MO 63301

Radiographic Imaging Consultants
220 Compass Point Drive
Saint Charles, MO 63301

Ria Medical LLC
600 Medical Drive
Suite 106
Wentzville, MO 63385

Rickart Collection
575 Milltown Road
North Brunswick, NJ 08902

Ron Javdan MD
180 Weidman Road
Suite 125
Ballwin, MO 63021

Rosemarie England
9 Maple Drive
Warrenton, MO 63383

Scholastic
P.O. Box 6023
Jefferson City, MO 65102

Sears Roebuck
P.O. Box 182532
Columbus, OH 43218

Spartan Fiancial Services
13730 South Point Boulevard
Charlotte, NC 28274

Spartan Fiancial Services
13730 South Point Boulevard
Charlotte, NC 28274

Spartan Financial Services
13730 South Point Boulevard
NC 28276

Spartan Financial Services
13730 South Point Boulevard
Charlotte, NC 28273

Sprint PCS
P.O. Box 8077
London, KY 40742

St. Charles County Ambulance District
4169 Old Mill Parkway
Saint Peters, MO 63376

St. John's Mercy Medical Center
P.O. Box 502970
Saint Louis, MO 63150-2970

St. John's Mercy Medical Center
P.O. Box 18057-B
Saint Louis, MO 63160

St. John's Mercy Medical Center
P.O. Box 22009
Saint Louis, MO 63126

St. John's Mercy Medical Center
P.O. Box 502967
Saint Louis, MO 63150-2967

St. John's Mercy Medical Center
P.O. Box 502966
Saint Louis, MO 63150-2966

St. John's Mercy Medical Center
P.O. Box 502969
Saint Louis, MO 63150-2969

St. John's Mercy Medical Center
P.O. Box 502968
Saint Louis, MO 63150-2968

St. Joseph Hospital West
1021 Corporate Square Drive
Saint Louis, MO 63132

St. Joseph Hospital West
1021 Corporate Square Drive
Saint Louis, MO 63132

St. Joseph Hospital West
1021 Corporate Square Drive
Saint Louis, MO 63132

St. Joseph Hospital West
1021 Corporate Square Drive
Saint Louis, MO 63132

St. Joseph Hospital West
1021 Corporate Square Drive
Saint Louis, MO 63132

St. Joseph Hospital West
1022 Corporate Square Drive
Saint Louis, MO 63132

St. Joseph Hospital West
1018 Corporate Square Drive
Saint Louis, MO 63132

St. Joseph Hospital West
1019 Corporate Square Drive
Saint Louis, MO 63132

St. Joseph Hospital West
1023 Corporate Square Drive
Saint Louis, MO 63132

St. Joseph Hospital West
1024 Corporate Square Drive
Saint Louis, MO 63132

St. Joseph Hospital West
1017 Corporate Square Drive
Saint Louis, MO 63132

St. Joseph Hospital West
1020 Corporate Square Drive
Saint Louis, MO 63132

St. Joseph Hospital West
P.O. Box 503859
Saint Louis, MO 63132-0001

St. Joseph Hospital West
P.O. Box 5033861
Saint Louis, MO 63132-0003

St. Joseph Hospital West
P.O. Box 503860
Saint Louis, MO 63132-0002

St. Luke's Hospital
236 South Woods Mill Road
Chesterfield, MO 63017

St. Luke's Hospital
233 South Woods Mill Road
Chesterfield, MO 63017

St. Luke's Hospital
234 South Woods Mill Road
Chesterfield, MO 63017

St. Luke's Hospital
232 South Woods Mill Road
Chesterfield, MO 63017

St. Luke's Hospital
235 South Woods Mill Road
Chesterfield, MO 63017

STL PATH LLC
P.O. Box 78609
Saint Louis, MO 63178

StopLoss, Inc.
P.O. Box 4710
Monroe, LA 71211

Tate & Kirlan Associates
2810 Southampton
Philadelphia, PA 19154

TD Bank N.A.
P.O. Box 9100
Hopkinton, MA 01748

United Collection Bureau, Inc.
P.O. Box 140190
Toledo, OH 43614-0190

Verizon Wireless
P.O. Box 1915
Beltsville, MD 20705

Washington University Physicians
660 South Euclid Avenue
Campus Box 8239
Saint Louis, MO 63110

Washington University Physicians Group
P.O. Box 14997
Saint Louis, MO 63110-0001

B22C (Official Form 22C) (Chapter 13) (04/10)

In re **Diana Sherl Gier**
Debtor(s)

Case Number: ____________
(If known)

According to the calculations required by this statement:
■ **The applicable commitment period is 3 years.**
☐ **The applicable commitment period is 5 years.**
☐ **Disposable income is determined under § 1325(b)(3).**
■ **Disposable income is not determined under § 1325(b)(3).**
(Check the boxes as directed in Lines 17 and 23 of this statement.)

CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME

In addition to Schedules I and J, this statement must be completed by every individual chapter 13 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

Part I. REPORT OF INCOME			
1	**Marital/filing status.** Check the box that applies and complete the balance of this part of this statement as directed. a. ■ Unmarried. **Complete only Column A ("Debtor's Income") for Lines 2-10.** b. ☐ Married. **Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 2-10.**		
	All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line.	**Column A** **Debtor's Income**	**Column B** **Spouse's Income**
2	**Gross wages, salary, tips, bonuses, overtime, commissions.**	$ 1,881.04	$
3	**Income from the operation of a business, profession, or farm.** Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 3. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. **Do not include any part of the business expenses entered on Line b as a deduction in Part IV.** (Debtor / Spouse) a. Gross receipts: Debtor $ 0.00; Spouse $ b. Ordinary and necessary business expenses: Debtor $ 0.00; Spouse $ c. Business income: Subtract Line b from Line a	$ 0.00	$
4	**Rents and other real property income.** Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. Do not enter a number less than zero. **Do not include any part of the operating expenses entered on Line b as a deduction in Part IV.** (Debtor / Spouse) a. Gross receipts: Debtor $ 0.00; Spouse $ b. Ordinary and necessary operating expenses: Debtor $ 0.00; Spouse $ c. Rent and other real property income: Subtract Line b from Line a	$ 0.00	$
5	**Interest, dividends, and royalties.**	$ 0.00	$
6	**Pension and retirement income.**	$ 0.00	$
7	**Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose.** Do not include alimony or separate maintenance payments or amounts paid by the debtor's spouse.	$ 0.00	$
8	**Unemployment compensation.** Enter the amount in the appropriate column(s) of Line 8. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below: Unemployment compensation claimed to be a benefit under the Social Security Act — Debtor $ 0.00 — Spouse $	$ 0.00	$

9	**Income from all other sources.** Specify source and amount. If necessary, list additional sources on a separate page. Total and enter on Line 9. **Do not include alimony or separate maintenance payments paid by your spouse, but include all other payments of alimony or separate maintenance. Do not include** any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism. Debtor / Spouse a. Maintenance (Alimony) $ 800.00 $ b. $ $	$ 800.00	$
10	**Subtotal.** Add Lines 2 thru 9 in Column A, and, if Column B is completed, add Lines 2 through 9 in Column B. Enter the total(s).	$ 2,681.04	$
11	**Total.** If Column B has been completed, add Line 10, Column A to Line 10, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 10, Column A.	$ 2,681.04	

Part II. CALCULATION OF § 1325(b)(4) COMMITMENT PERIOD

12	**Enter the amount from Line 11**	$ 2,681.04
13	**Marital Adjustment.** If you are married, but are not filing jointly with your spouse, AND if you contend that calculation of the commitment period under § 1325(b)(4) does not require inclusion of the income of your spouse, enter on Line 13 the amount of the income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of you or your dependents and specify, in the lines below, the basis for excluding this income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If the conditions for entering this adjustment do not apply, enter zero. a. $ b. $ c. $ Total and enter on Line 13	$ 0.00
14	**Subtract Line 13 from Line 12 and enter the result.**	$ 2,681.04
15	**Annualized current monthly income for § 1325(b)(4).** Multiply the amount from Line 14 by the number 12 and enter the result.	$ 32,172.48
16	**Applicable median family income.** Enter the median family income for applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) a. Enter debtor's state of residence: MO b. Enter debtor's household size: 3	$ 60,156.00
17	**Application of § 1325(b)(4).** Check the applicable box and proceed as directed. ■ **The amount on Line 15 is less than the amount on Line 16.** Check the box for "The applicable commitment period is 3 years" at the top of page 1 of this statement and continue with this statement. ☐ **The amount on Line 15 is not less than the amount on Line 16.** Check the box for "The applicable commitment period is 5 years" at the top of page 1 of this statement and continue with this statement.	

Part III. APPLICATION OF § 1325(b)(3) FOR DETERMINING DISPOSABLE INCOME

18	**Enter the amount from Line 11.**	$ 2,681.04
19	**Marital Adjustment.** If you are married, but are not filing jointly with your spouse, enter on Line 19 the total of any income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income(such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If the conditions for entering this adjustment do not apply, enter zero. a. $ b. $ c. $ Total and enter on Line 19.	$ 0.00
20	**Current monthly income for § 1325(b)(3).** Subtract Line 19 from Line 18 and enter the result.	$ 2,681.04

21	**Annualized current monthly income for § 1325(b)(3).** Multiply the amount from Line 20 by the number 12 and enter the result.	$ 32,172.48
22	**Applicable median family income.** Enter the amount from Line 16.	$ 60,156.00
23	**Application of § 1325(b)(3).** Check the applicable box and proceed as directed. ☐ **The amount on Line 21 is more than the amount on Line 22.** Check the box for "Disposable income is determined under § 1325(b)(3)" at the top of page 1 of this statement and complete the remaining parts of this statement. ■ **The amount on Line 21 is not more than the amount on Line 22.** Check the box for "Disposable income is not determined under § 1325(b)(3)" at the top of page 1 of this statement and complete Part VII of this statement. **Do not complete Parts IV, V, or VI.**	

Part IV. CALCULATION OF DEDUCTIONS FROM INCOME

Subpart A: Deductions under Standards of the Internal Revenue Service (IRS)

24A	**National Standards: food, apparel and services, housekeeping supplies, personal care, and miscellaneous.** Enter in Line 24A the "Total" amount from IRS National Standards for Allowable Living Expenses for the applicable household size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)	$ 1,152.00
24B	**National Standards: health care.** Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the number of members of your household who are under 65 years of age, and enter in Line b2 the number of members of your household who are 65 years of age or older. (The total number of household members must be the same as the number stated in Line 16b.) Multiply Line a1 by Line b1 to obtain a total amount for household members under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for household members 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 24B.	$ 180.00

Household members under 65 years of age			**Household members 65 years of age or older**		
a1.	Allowance per member	60	a2.	Allowance per member	144
b1.	Number of members	3	b2.	Number of members	0
c1.	Subtotal	180.00	c2.	Subtotal	0.00

25A	**Local Standards: housing and utilities; non-mortgage expenses.** Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and household size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court).	$ 415.00
25B	**Local Standards: housing and utilities; mortgage/rent expense.** Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and household size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 47; subtract Line b from Line a and enter the result in Line 25B. **Do not enter an amount less than zero.**	$ 0.00

a.	IRS Housing and Utilities Standards; mortgage/rent Expense	$ 1,061.00
b.	Average Monthly Payment for any debts secured by your home, if any, as stated in Line 47	$ 1,697.78
c.	Net mortgage/rental expense	Subtract Line b from Line a.

26	**Local Standards: housing and utilities; adjustment.** If you contend that the process set out in Lines 25A and 25B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:	$ 0.00

27A	**Local Standards: transportation; vehicle operation/public transportation expense.** You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation. Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 7. ☐ 0 ☐ 1 ■ 2 or more. If you checked 0, enter on Line 27A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 27A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)	$ 420.00
27B	**Local Standards: transportation; additional public transportation expense.** If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for your public transportation expenses, enter on Line 27B the "Public Transportation" amount from the IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)	$ 0.00
28	**Local Standards: transportation ownership/lease expense; Vehicle 1.** Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) ☐ 1 ■ 2 or more. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 47; subtract Line b from Line a and enter the result in Line 28. **Do not enter an amount less than zero.** a. IRS Transportation Standards, Ownership Costs — $ 496.00 b. Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 47 — $ 112.50 c. Net ownership/lease expense for Vehicle 1 — Subtract Line b from Line a.	$ 383.50
29	**Local Standards: transportation ownership/lease expense; Vehicle 2.** Complete this Line only if you checked the "2 or more" Box in Line 28. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 47; subtract Line b from Line a and enter the result in Line 29. **Do not enter an amount less than zero.** a. IRS Transportation Standards, Ownership Costs — $ 496.00 b. Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 47 — $ 0.00 c. Net ownership/lease expense for Vehicle 2 — Subtract Line b from Line a.	$ 496.00
30	**Other Necessary Expenses: taxes.** Enter the total average monthly expense that you actually incur for all federal, state, and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social security taxes, and Medicare taxes. **Do not include real estate or sales taxes.**	$ 0.00
31	**Other Necessary Expenses: mandatory deductions for employment.** Enter the total average monthly payroll deductions that are required for your employment, such as mandatory retirement contributions, union dues, and uniform costs. **Do not include discretionary amounts, such as voluntary 401(k) contributions.**	$ 0.00
32	**Other Necessary Expenses: life insurance.** Enter total average monthly premiums that you actually pay for term life insurance for yourself. **Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.**	$ 0.00
33	**Other Necessary Expenses: court-ordered payments.** Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. **Do not include payments on past due obligations included in line 49.**	$ 0.00
34	**Other Necessary Expenses: education for employment or for a physically or mentally challenged child.** Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.	$ 0.00
35	**Other Necessary Expenses: childcare.** Enter the total average monthly amount that you actually expend on childcare - such as baby-sitting, day care, nursery and preschool. **Do not include other educational payments.**	$ 0.00

36	**Other Necessary Expenses: health care.** Enter the average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 24B. **Do not include payments for health insurance or health savings accounts listed in Line 39.**	$ 0.00
37	**Other Necessary Expenses: telecommunication services.** Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service-to the extent necessary for your health and welfare or that of your dependents. **Do not include any amount previously deducted.**	$ 0.00
38	**Total Expenses Allowed under IRS Standards.** Enter the total of Lines 24 through 37.	$ 3,046.50
	Subpart B: Additional Living Expense Deductions **Note: Do not include any expenses that you have listed in Lines 24-37**	
39	**Health Insurance, Disability Insurance, and Health Savings Account Expenses.** List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents. a. Health Insurance $ 0.00 b. Disability Insurance $ 0.00 c. Health Savings Account $ 0.00 Total and enter on Line 39	$ 0.00
	If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below: $	
40	**Continued contributions to the care of household or family members.** Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. **Do not include payments listed in Line 34.**	$ 0.00
41	**Protection against family violence.** Enter the total average reasonably necessary monthly expenses that you actually incur to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.	$ 0.00
42	**Home energy costs.** Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. **You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.**	$ 0.00
43	**Education expenses for dependent children under 18.** Enter the total average monthly expenses that you actually incur, not to exceed $147.92 per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. **You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.**	$ 0.00
44	**Additional food and clothing expense.** Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) **You must demonstrate that the additional amount claimed is reasonable and necessary.**	$ 42.00
45	**Charitable contributions.** Enter the amount reasonably necessary for you to expend each month on charitable contributions in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2). **Do not include any amount in excess of 15% of your gross monthly income.**	$ 0.00
46	**Total Additional Expense Deductions under § 707(b).** Enter the total of Lines 39 through 45.	$ 42.00

Subpart C: Deductions for Debt Payment

47	**Future payments on secured claims.** For each of your debts that is secured by an interest in property that you own, list the name of creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 47.	

	Name of Creditor	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance
a.	BAC Home Loans Servicing L.P.	Two-story house on a small lot, less than 1/4 acre. 7 Racine Court Lake Saint Louis, MO 63367	$ 1,697.78	■yes □no
b.	Gene England	2008 Hyundai Elantra, 45,000 miles	$ 112.50	■yes □no
			Total: Add Lines	

Line 47 total: $ 1,810.28

48	**Other payments on secured claims.** If any of debts listed in Line 47 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 47, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.	

	Name of Creditor	Property Securing the Debt	1/60th of the Cure Amount
a.	BAC Home Loans Servicing L.P.	Two-story house on a small lot, less than 1/4 acre. 7 Racine Court Lake Saint Louis, MO 63367	$ 31.33
			Total: Add Lines

Line 48 total: $ 31.33

49	**Payments on prepetition priority claims.** Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. **Do not include current obligations, such as those set out in Line 33.**	$ 346.53
50	**Chapter 13 administrative expenses.** Multiply the amount in Line a by the amount in Line b, and enter the resulting administrative expense.	

a.	Projected average monthly Chapter 13 plan payment.	$ 0.00
b.	Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)	x 4.90
c.	Average monthly administrative expense of Chapter 13 case	Total: Multiply Lines a and b

Line 50 total: $ 0.00

51	**Total Deductions for Debt Payment.** Enter the total of Lines 47 through 50.	$ 2,188.14

Subpart D: Total Deductions from Income

52	**Total of all deductions from income.** Enter the total of Lines 38, 46, and 51.	$ 5,276.64

Part V. DETERMINATION OF DISPOSABLE INCOME UNDER § 1325(b)(2)

53	**Total current monthly income.** Enter the amount from Line 20.	$ 2,681.04
54	**Support income.** Enter the monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I, that you received in accordance with applicable nonbankruptcy law, to the extent reasonably necessary to be expended for such child.	$ 0.00
55	**Qualified retirement deductions.** Enter the monthly total of (a) all amounts withheld by your employer from wages as contributions for qualified retirement plans, as specified in § 541(b)(7) and (b) all required repayments of loans from retirement plans, as specified in § 362(b)(19).	$ 0.00
56	**Total of all deductions allowed under § 707(b)(2).** Enter the amount from Line 52.	$ 5,276.64

57	**Deduction for special circumstances.** If there are special circumstances that justify additional expenses for which there is no reasonable alternative, describe the special circumstances and the resulting expenses in lines a-c below. If necessary, list additional entries on a separate page. Total the expenses and enter the total in Line 57. **You must provide your case trustee with documentation of these expenses and you must provide a detailed explanation of the special circumstances that make such expense necessary and reasonable.**	

	Nature of special circumstances	Amount of Expense	
a.		$	
b.		$	
c.		$	
		Total: Add Lines	$ 0.00

58	**Total adjustments to determine disposable income.** Add the amounts on Lines 54, 55, 56, and 57 and enter the result.	$ 5,276.64
59	**Monthly Disposable Income Under § 1325(b)(2).** Subtract Line 58 from Line 53 and enter the result.	$ -2,595.60

Part VI. ADDITIONAL EXPENSE CLAIMS

60 **Other Expenses.** List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.

	Expense Description	Monthly Amount
a.		$
b.		$
c.		$
d.		$
	Total: Add Lines a, b, c and d	$

Part VII. VERIFICATION

61 I declare under penalty of perjury that the information provided in this statement is true and correct. *(If this is a joint case, both debtors must sign.)*

Date: September 7, 2010 Signature: /s/ Diana Sherl Gier

Diana Sherl Gier

(Debtor)